Greater abortion access needed. CARAL says

Citing a study published in *CMAJ*, the Canadian Abortion Rights Action League (CARAL) says Canadian women "continue to be denied access to abortion." The study (152: 1801–1807), which assessed interregional differences in the utilization of abortion services in Ontario, found disparities in the availability of abortion services in different counties. "The *CMAJ* study highlights the need for Ontario to regulate the accessibility and distribution of abortion services," CARAL says.

In a news release, the organization notes that the city of Windsor, Ont., now has only one physician willing to perform abortions and doctors in cities such as Peterborough and Sault Ste. Marie no longer perform them because of harassment from antiabortion activists.

SMOKING ON THE WANE?

Health Canada says about 27.4% of Canadians older than 15 now smoke, a substantial decline from the 30.5% level recorded in May 1994. The major drop involves people aged 20 to 24, with the rate falling to 34% from 40%. The average number of cigarettes smoked has also dropped, to 17.7 from 18.8.

Health Minister Diane Marleau was cautiously optimistic about the results, and said the surveys indicated that 97% of respondents now believe that smoking is addictive and 91%

think that quitting smoking can improve a person's health. The survey, undertaken in February 1995, involved interviews with 12 400 Canadians aged 15 and older.

No legalization for euthanasia: Senate

A Senate committee that studied the issues of euthanasia and assisted suicide has concluded that the two acts should not be made legal, but people who commit mercy killings should receive less severe penalties. The special committee, headed by Liberal Senator Joan Neiman, voted 4 to 3 against legalizing assisted suicide and 5 to 2 against legalizing voluntary euthanasia. The votes closely mirror the August 1994 decision by the CMA's General Council, which decided that CMA members "should specifically exclude" participation in euthanasia and assisted suicide; that resolution passed by a 93 to 74 margin.

The Senate report, which took 16 months to prepare, was prompted by the death of Sue Rodriguez of Victoria, who underwent physician-assisted suicide because of debilitating illness. The federal government has still not indicated whether it will introduce legislation concerning the issues.

Breast-feeding rate on the rise

Breast-feeding is becoming more popular in Newfoundland and

Labrador, with the rate reaching 45% in 1994 after standing at only 33% a decade earlier, according to a recent newsletter published by the Infant Feeding Action Coalition. The group credited changing hospital practices, greater visibility, heavier media attention and support from the Provincial Breastfeeding Promotion Coalition, which links health care professionals, breast-feeding activists, consumers and government, for the turnaround.

A spring issue of Communiqué, published by the Newfoundland and Labrador Medical Association, also noted that hospital policies and protocols have changed to encourage breast-feeding. As well, family physicians have been asked to discuss it with their pregnant patients.

REPORT SAYS MANY MDs LEAVING ALBERTA

Ninety-six physicians are planning to leave Alberta shortly and 71 of them do not plan to return, a recent report from the Alberta Medical Association (AMA) states. Health care reform and regionalization and concern about income were the most common reasons given for the decision by 72 male and 24 female physicians to leave the province, president Dr. Frederick Moriarty reported.

Calgary and Edmonton will be hardest hit, losing 36 and 24 physicians respectively. The majority (39) are family physicians, followed by residents/interns (10), psychiatrists (8), emergency physicians (5) and

orthopedic surgeons (5); most are aged 30 to 42 years. Of those planning to leave, 56 are moving to the US, reported the AMA. Other popular destinations are BC, Ontario and Saudi Arabia. The data were provided voluntarily, and Moriarty cautioned that they account for only some of the physicians who will be leaving the province.

CANADIAN HERNIA FACILITY POPULAR

Staff at a Thornhill, Ont., hospital dedicated to hernia repair have performed more than 200 000 procedures since the facility was established in 1945, a news release says. Administrator Alan O'Dell says patients who undergo the procedure at the 89-bed Shouldice Hospital are off work an average of 8 days. O'Dell said many Shouldice patients are US citizens who can have a primary inguinal hernia repaired for \$2000 (US), which includes the cost of surgery and the hospital stay, the fee for American Medicare patients is \$898.

SENIORS, OMA DISCUSS DRUG THERAPY

The Ontario Medical Association (OMA) Committee on Drugs and Pharmacotherapy has met with several groups of senior citizens to address issues about patient care and quality pharmacotherapy that concern seniors and physicians. The meetings were prompted by drug-reform initiatives of the Ontario Ministry of Health, according to an OMA publication, The Drug Report. The OMA committee hopes the dialogue will lead to improved communication between physicians and seniors and identify trends in drug use and factors that affect the provision of optimal drug therapy.

COMIC BOOK PROMOTES BICYCLE SAFETY

The Manitoba Medical Association (MMA) has helped develop a bicycle-safety comic book for children as part of a spring public-awareness campaign to reduce the number of deaths and injuries due to cycling accidents. The comic book conveys strong messages about using bicycle helmets in an action-packed narrative that was endorsed by Olympic cyclist and local supporter Tanya Dubnicoff, the MMA says.

The project, undertaken by a provincial bike-safety coalition, was spearheaded by Dr. Richard Stanwick, chair of the MMA's Committee on Bicycle Safety, who said: "Besides being appealing and fun to read for kids of all ages, if the book helps prevent even one death or serious head injury by encouraging someone to wear a helmet, it will be a success." In 1991–92, a national bicycle-helmet safety campaign was run by the CMA and Sandoz Canada, and provided helmets at cut-rate prices.

NLMA PLEASED WITH ADVERTISING CAMPAIGN

The Newfoundland and Labrador Medical Association (NLMA) has discovered that its 1994 medical advertising campaigns, particularly the one on television, helped increase public awareness about physicians and health promotion. The television campaign included three commercials dealing with preventive medicine, an expanded role for physicians and the dedication of doctors; the radio campaign used physician representatives to communicate messages about safe sex, head injuries, the importance of folic acid during pregnancy, the benefits of breast-feeding and the role of the family physician.

Dr. Harry Watts, chair of the Communications Committee, said in the

annual report that follow-up surveys indicated that the overall recognition level for the NLMA among the general public was high and physicians were viewed as having concern for the health care system and as needing a stronger voice on public issues. The committee was pleased with the results of the campaigns, and will pursue a similar initiative this fall, Watts said.

MEDICAL TRADE OPPORTUNITY KNOCKS

The Canadian German Chamber of Industry and Commerce is conducting an export-promotion program that presents trade opportunities for Canadian importers of medical and rehabilitation devices. The program will help export-oriented companies from Germany's new federal states find Canadian business partners. Representatives of German and Canadian companies interested in importing/distributing ventures, as well as licensing and joint ventures, are invited to meet in Toronto Oct. 2–4, for information call 416 498-5200.

Name Change FOR ASSOCIATION

Mirroring its vision for the future of Canada's most valued social program, the Canadian Hospital Association has changed its name. On June 4, the organization became known as the Canadian Healthcare Association (CHA), the French title is Association canadienne des soins de santé. The new name reflects the conviction of the membership "that the future of medicare in Canada must be modelled on a healthservices delivery system whereby consumers can be assured that they will receive the health care they need from the best-suited health care provider, in the most appropriate setting," the CHA said in a news release.